

University of Northern Iowa Athletic Training Education Program



Preceptor Handbook

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Chapter 1

CAATE Standards & Terminology Pertinent to Preceptors

The complete *Standards for the Accreditation of Professional Athletic Training Programs* document can be found on the CAATE website (caate.net).

CAATE Standards

Sponsorship

3. All sites where students are involved in patient care or observation-only experience (excluding the Program's sponsoring institution) must have an affiliation agreement or memorandum(s) of understanding that is endorsed by the appropriate administrative authority (i.e. those bearing signature authority) at both the sponsoring institution and site. In the case where the administrative oversight of the preceptor differs from the affiliate site, formal agreements must be obtained from all parties.

Personnel

37. Preceptor Responsibilities: A preceptor must function to:
 - a. Supervise students during clinical education;
 - b. Provide instruction and assessment of the current knowledge, skills, and clinical abilities designated by the Commission;
 - c. Provide instruction and opportunities for the student to develop clinical integration proficiencies, communication skills and clinical decision making during actual patient/client care;
 - d. Provide assessment of athletic training students' clinical integration proficiencies, communication skills and clinical decision-making during actual patient/client care;
 - e. Facilitate the clinical integration of skills, knowledge, and evidence regarding the practice of athletic training.
38. Preceptor Responsibilities: A preceptor must demonstrate understanding of and compliance with the program's policies and procedures.
39. Preceptor Qualification: A preceptor must be credentialed by the state in a health care profession (see glossary).
40. Preceptor Qualification: A preceptor must not be currently enrolled in the professional athletic training program at the institution;
41. Preceptor Qualification: A preceptor must receive planned and ongoing education from the program designed to promote a constructive learning environment.

Program Delivery

44. Students must interact with other medical and health care personnel (see glossary).
46. Clinical education must follow a logical progression that allows for increasing amounts of clinically supervised responsibility leading to autonomous practice upon graduation. The clinical education plan must reinforce the sequence of formal instruction of athletic training knowledge, skills, and clinical abilities, including clinical decision-making.
47. Clinical education must provide students with authentic, real-time opportunities to practice and integrate athletic training knowledge, skills, and clinical abilities, including decision-making and professional behaviors required of the profession in order to develop proficiency as an Athletic Trainer.
48. The variety of patient populations, care providers, and health care settings used for clinical education must be consistent with the program's goals and objectives.

49. Clinical placements must be non-discriminatory with respect to race, color, creed, religion, ethnic origin, age, sex, disability, sexual orientation, or other unlawful basis. (*Editorial change made April 2014*)
50. Students must gain clinical education experiences that address the continuum of care that would prepare a student to function in a variety of settings with patients engaged in a range of activities with conditions described in athletic training knowledge, skills and clinical abilities, *Role Delineation Study/Practice Analysis* and standards of practice delineated for an athletic trainer in the profession. Examples of clinical experiences must include, but should not be limited to: Individual and team sports; Sports requiring protective equipment (e.g., helmet and shoulder pads); Patients of different sexes; Non-sport patient populations (e.g., outpatient clinic, emergency room, primary care office, industrial, performing arts, military); A variety of conditions other than orthopedics (e.g., primary care, internal medicine, dermatology).
51. All clinical education sites must be evaluated by the program on an annual and planned basis and the evaluations must serve as part of the program's comprehensive assessment plan.
52. An athletic trainer, certified, and in good standing with the BOC, and who currently possesses the appropriate state athletic training practice credential must supervise the majority of the student's clinical education. The remaining clinical education may be supervised by any appropriately state credentialed health care professional (see glossary).
53. Athletic training students must be officially enrolled in the program prior to performing skills on patients.
54. Athletic training students must be instructed on athletic training clinical skills prior to performing those skills on patients.
57. All clinical education experiences must be educational in nature. The program must have a written policy that delineates a minimum and maximum requirement for clinical hours.
58. All clinical education experiences must be educational in nature. Students must have a minimum of one day off in every seven-day period.
59. All clinical education experiences must be educational in nature. Students will not receive any monetary remuneration during this education experience, excluding scholarships.
60. All clinical education experiences must be educational in nature. Students will not replace professional athletic training staff or medical personnel.
61. The program must include provision for supervised clinical education with a preceptor (see Personnel Standards). There must be regular communication between the program and the preceptor.
62. The program must include provision for supervised clinical education with a preceptor (see Personnel Standards). The number of students assigned to a preceptor in each clinical setting must be of a ratio that is sufficient to ensure effective clinical learning and safe patient care.
63. The program must include provision for supervised clinical education with a preceptor (see Personnel Standards). Students must be directly supervised by a preceptor during the delivery of athletic training services. The preceptor must be physically present and have the ability to intervene on behalf of the athletic training student and the patient.

Health & Safety

69. Athletic training students must have liability insurance that can be documented through policy declaration pages or other legally binding documents.
70. Athletic training students must have verification of completion of applicable HIPAA and/or FERPA training as determined by the institution.

71. The program must establish and ensure compliance with a written safety policy(ies) for all clinical sites regarding therapeutic equipment. The policy(ies) must include, at minimum, the manufacturer's recommendation or federal, state, or local ordinance regarding specific equipment calibrations and maintenance. Sites accredited by the Joint Commission, AAAHC or other recognized external accrediting agencies are exempt.
72. The program must provide proof that therapeutic equipment at all sites is inspected, calibrated, and maintained according to the manufacturer's recommendation, or by federal, state, or local ordinance.
73. Blood-borne pathogen training and procedures: Annual formal blood-borne pathogen training must occur before students are placed in a potential exposure situation. This includes placement at any clinical site, including observational experiences.
75. Blood-borne pathogen training and procedures: Blood-borne pathogen policies must be posted or readily available in all locations where the possibility of exposure exists and must be immediately accessible to all current students and program personnel including preceptors.
76. Blood-borne pathogen training and procedures: Students must have access to and use of appropriate blood-borne pathogen barriers and control measures at all sites.
77. Blood-borne pathogen training and procedures: Students must have access to, and use of, proper sanitation precautions (e.g. hand washing stations) at all sites.
78. All sites must have a venue-specific written Emergency Action Plan (EAP) that is based on well-established national standards or institutional offices charged with institution-wide safety (e.g. position statements, occupational/environmental safety office, police, fire and rescue).
79. The program must have a process for site-specific training and review of the EAP with the student before they begin patient care at that site.
80. Students must have immediate access to the EAP in an emergency situation.

CAATE Terminology

For a complete list of CAATE related terms please visit www.caate.net

Affiliation Agreement	Formal, written document signed by administrative personnel, who have the authority to act on behalf of the institution or affiliate, from the sponsoring institution and affiliated site. This agreement defines the roles and responsibilities of the host site, the affiliate, and the student. Same as the memorandum of understanding.
Athletic Training Student (ATS)	A student enrolled in the athletic training major or graduate major equivalent.
Clinical Coordinator	The individual a program may designate as having the primary responsibilities for the coordination of the clinical experience activities associated with the AT Program.
Clinical Education	The application of athletic training knowledge, skills, and clinical abilities on an actual patient base that is evaluated and feedback provided by a preceptor.
Clinical Site	A physical area where clinical education occurs.

Comprehensive Assessment Plan	The process of identifying program outcomes, collecting relevant data, and analyzing those data, then making a judgment on the efficacy of the program in meeting its goals and objectives. When applicable, remedial or corrective changes are made in the program.
Direct Patient Care	The application of athletic training knowledge, skills, and clinical abilities on an actual patient.
Emergency Action Plan	A venue-specific "blueprint" used for the management of medical emergencies. See: http://www.nata.org/sites/default/files/EmergencyPlanningInAthletics.pdf
Health Care Professional	Athletic Trainer, Chiropractor, Dentist, Registered Dietician, Emergency Medical Technician, Nurse Practitioner, Nutritionist, Occupational Therapist, Optometrist, Orthotist, Paramedic, Pharmacist, Physical Therapist, Physician Assistant, Physician (MD/DO), Podiatrist, Prosthetist, Psychologist, Registered Nurse, or Social Worker. These individuals must hold a current credential to practice the discipline in the state and whose discipline provides direct patient care in a field that has direct relevancy to the practice and discipline of Athletic Training. These individuals may or may not hold formal appointments to the instructional faculty.
Laboratory	A setting where students practice skills on a simulated patient (i.e., role playing) in a controlled environment.
Medical Director	The physician who serves as a resource regarding the program's medical content. There is no requirement that the medical director participates in the clinical delivery of the program.
Memorandum of understanding (MOU)	Similar to an affiliation agreement, but tends not to include legally-binding language or intent.
Preceptor	A certified/licensed professional who teaches and evaluates students in a clinical setting using an actual patient base.
Program Director	The full-time faculty member of the host institution and a BOC Certified Athletic Trainer responsible for the implementation, delivery, and administration of the AT program.

Chapter 2

Introduction to Clinical Education

NOTE: This chapter of the *UNI Approved Clinical Instructor Workshop Manual* has been adopted from the following source: National Athletic Trainers' Association (2011). Introduction to clinical education. *Clinical Instructor Educator Seminar Handbook*, 15-21. This has been included in the *UNI Approved Clinical Instructor Workshop Manual* to fulfill the requirements for the ACI Workshop. This information is used for educational purposes only.

The wide variation in the use of clinical education in professional preparation was first identified in the early 1960s.¹ Activities and responsibilities of clinical instructors vary significantly among professions as do the characteristics learners bring to the clinical setting. Nowhere is this more prevalent than in the allied health care professions. The student preparing for an allied health care career must acquire cognitive knowledge that includes mastery of simple levels of factual knowledge to the complexities of synthesis, evaluation, and reasoning. However, the learner's preparation of the practical realm must include more than merely cognitive knowledge.² Students need to learn the psychomotor skills of their trade while encountering and assimilating the interpersonal skills, moral reasoning, socialization, and attitudes distinguishing their profession's working environment. These learning skills are commonly acquired in the clinical component of the curriculum.

Research on the teaching and learning processes in professional clinical education is virtually nonexistent outside of the allied health care professions.² Athletic training, physical therapy, nursing, and medical fields have had clinical practice as part of their curriculum since the conception of these professions.³ Clinical practice has always been at the heart of students' educational experience and of vital importance when trying to transform them from novice practitioners into professionals. Competency-based education has been the central focus in clinical instruction in the health professions.⁴ Current research on clinical education in the allied health care professions is heavily weighted towards clinical instruction and what characteristics make effective clinical teachers.⁵⁻⁷ Minimal research-based literature has been written to define clinical education and how best to design experiential learning to foster maximum clinical proficiencies.

Defining Clinical Education

Clinical education is where the theoretical and practical educational components are integrated into real life situations with actual patients incorporated into the instructional process.⁸ Few structural limitations are placed on the activities that constitute clinical education. The concept of hands on activities can include any experience that provides a practical focus. The student may actually practice psychomotor skills in a simulated clinical setting on simulated patients with specific objectives sited for mastery. The emphasis should be placed on movement from general technical skills to specific therapeutic skills with progression to a level of competency where quick judgments and responses to life-threatening situations are achieved.⁹ On the other hand, clinical education should not be constrained by the type of practice setting or its geographical location, the diversity of professionals capable of serving as clinical educators, or the designated patient population that is served.^{10,11} Since the conception of the athletic training profession, experiential learning has occurred in athletic training facilities and during athletic events. The student is constantly placed in real life situations where observing or performing technical skills while under "pressure", often in an ongoing medical emergency, are used as learning experiences. This type of clinical setting provides the athletic training student with the physical environment necessary to develop professional behaviors and attitudes. The clinical learning experience provides the student with the opportunity to synthesize knowledge and apply it to actual patient care situations. Many allied health care professions rely on the clinical education portion

of the curriculum to provide pertinent knowledge and insight that lead the student in becoming a competent professional.¹²

Clinical Education Design

Colleges or universities have traditionally had the responsibility for educating allied health students in didactic knowledge. However, clinical education generally takes place in health care facilities such as hospitals, private medical offices, athletic training facilities, and clinics where the student is given the opportunity to learn alongside allied health practitioners.¹³ The didactic instruction cannot be separated from clinical instruction as though they are two distinct entities. Clinical education for the allied health professions requires articulation among several institutions with heavy dependency on the health care institutions.

Clinical education represents a significant portion of the curriculum in the education of allied health care professionals.¹⁴ Educational programs are designed to incorporate the clinical education component in one of two patterns: concurrent, where the student is participating in the didactic and clinical instruction simultaneously, or non-concurrent, where the student participates in the practice and refinement of skills full time upon completion of the didactic program or at a defined phase of the didactic program.¹⁴ This pattern varies among the allied health professions and institutions housing their curriculum.

The clinical component can begin with an observation basis with little or no hands on involvement with the patient. The student should not be placed in an environment where he or she is expected to perform at the level of a professional without proper education, experience, or supervision.

Several programmatic changes in curriculum design have occurred as the result of public accountability, credibility, cost containment, outcome measurements, service orientation, and cultural diversity.¹⁵⁻¹⁸ One of the recent trends in allied health education is to incorporate clinical learning earlier into the professional curriculum so that the student can become better acquainted with the on-the-job experiences earlier in the program.⁵ Introducing the clinical component early in the curriculum will place the student in a position to deliver health care prior to having mastered the scientific knowledge necessary to render safe patient care. Therefore, it is imperative that close supervision of inexperienced students is maintained. This type of supervision can be costly to the educational allied health institution in terms of additional faculty and decreased productivity of the clinical instructor.

Health care in the 1990s became infiltrated with accountability terms such as outcome assessment, quality management and continuous quality improvement.¹⁹⁻²¹ These relatively new buzzwords reflect increased accountability in health care facilities and institutions of higher learning. Institutions of higher education are being required to define and account for measurable outcomes for the student at each level of the educational process.³ Clinical experiences must be based on and evaluated through measurable objectives and explicitly state what the student is expected to accomplish. Typically entry-level education in the allied health professions is designed with the intention of providing the student with experiences that help them acquire minimal levels of competencies in the essential skills of their profession. For the most part, the student must obtain these basic competencies to qualify for certification or licensing in their chosen fields.

Clinical education is designed so that one instructor accompanies a group of students to a clinical area to provide care for a designated population. Clinical education in allied health care professions involves a cooperative effort between the faculty of an academic program and the staff of a clinical facility.²² In the athletic training profession, the person who instructs, evaluates, and supervises the student during their clinical education is the Preceptor. An interactive effect occurs between the individuals that are present in the clinical setting. The interaction is primarily focused on the patient or a clinical problem involving the patient, with the Preceptor in direct supervision. The Preceptor plans, directs, and evaluates the clinical experience. In addition, the Preceptor serves as a role model for the

student and expedites the integration of the educational components. The student learns his/her roles by observing experienced professionals delivering care to the designated population. Thus, the behavioral outcomes of any allied health care curriculum is reflective of the quality of its' clinical educators.³ These observed and simulated behaviors influence the student's lifetime professional performance.^{10,11}

Differences between Academic and Clinical Education

Academic (didactic) education and clinical education have several similarities, but their differences are significant. The differences center on the design of the learning experience, teaching methods and social relationship of the student, the faculty, and the targeted population. The design of the learning experience in academic education often occurs in a predictable classroom environment that is characterized by a beginning and end of the learning session. The subject matter is usually organized, presented, and detailed. Student instruction can be presented in many formats with varying degrees of structure ranging from lecture formats with the use of audiovisuals, laboratory practice, discussion seminars, collaborative and cooperative peer activities, tutorials, problem-based case discussions, to computer-based instruction, and independent or group work practica.²³

Objectives in the classroom are commonly based in the cognitive domain, emphasizing knowledge and understanding with the ability to solve problems on a theoretical basis. Fundamental concepts, theories, and their application to the skills of the profession must be fully developed in the academic program to assure that the student is capable of progressing through each phase of the curriculum.³ Often times, social distance between the classroom instructor and the student is characteristic of the academic setting. Academic teachers and students can hide their personalities in the rigid environment of the classroom through low levels of participation and interaction. Professors may often be preoccupied with dissemination of information and the student is more involved with taking notes and listening than in asking questions and interacting. Therefore, the student functions in an impersonal and passive manner characterized by minimal emotional involvement.

In contrast, the clinical setting is characterized by diversity in instructional methodologies. Student instruction may include the same formats used by academic faculty such as audiovisuals, practice on a fellow student or clinical educator, or review and discussion of journal articles. In addition, preceptors may use video libraries of patient cases, in-service education, grand rounds, surgery observation, special clinics and screening, pre- surgical evaluations, on-site continuing education course offerings, observation and interactions with other health professionals, and participation in clinical research.³ The Preceptor is viewed as a "guide by the side" rather than as an expert of the field who facilitates practicing clinical skills and learning professional protocol.³

By its very nature, the clinical environment is dynamic and flexible. It is far more unpredictable than the didactic environment and is constrained only by the treatment times or length of the patient's visit or schedule. The subject matter is typically fluidly organized and lacking rigidity. Clinical objectives emphasize clinical judgment, critical thinking, the ability to plan and carry out treatments, and demonstrate communication skills with the patient population. The delivery of education information and practice of specific skills may appear unstructured and chaotic. However, the student in the clinical setting can learn and acquire skills from a variety of sources at the same time. Student learning is usually not measured by written examinations, but evaluated based on the quality, efficiency, and outcomes of the student's patient care when measured versus a standard of clinical performance.

Personalities of the Preceptor and the student are hard to suppress and are usually disclosed in the beginning stages of the clinical segment of the curriculum. The nature of the clinical environment fosters close social interaction among the Preceptor, the student, and the patient. An outcome of this social interaction and the Preceptor's role modeling in clinical education is a student who is a sensitive, skillful practitioner of their respective disciplines.²⁴

Conclusion

Clinical education represents a significant portion of the curriculum in the education of allied health care professionals. The clinical education component is characterized as the part of the educational experience that allows the student to apply didactic knowledge and theory to the real world of clinical practice. Both academic and clinical faculty contributes to the effectiveness of the clinical learning experience. Faculty share the responsibility for the student's clinical competency outcomes. Clinical competencies and objectives need to be clearly defined in such a manner that the student is aware of the clinical expectations and how these competencies will be evaluated.

Colleges and universities that house allied health care curricula similar to athletic training should concentrate on designing programs that make integration of the academic and clinical components the central focus. Emphasis should be placed on moving students from general technical skills in the early phases of clinical education into the specific therapeutic skills that require the use of sound judgment and critical thinking.

Since the early 1980s, the National Athletic Trainers' Association (NATA) has made great strides in providing athletic training education programs with the guidance needed to develop the clinical education portions of their programs. Between 1982 and 1999, the Board of Certification, Inc. (BOC) completed four Role Delineation Studies. Concurrent with the most recent Role Delineation Study, the NATA Education Council developed the fifth edition of the entry-level educational competencies and clinical proficiencies, the *NATA Athletic Training Educational Competencies*, that were used to design and plan athletic training education programs. Thus, competency-based athletic training education programs are designed around specific tasks within set domains.

In October 1990, an initial meeting was conducted for the development of standards and guidelines for accreditation of educational programs for athletic trainers. The standards and guidelines, then called *Essentials and Guidelines* (now the *Standards*), were produced by the Joint Review Committee on Athletic Training (now CAATE). The NATA and the Commission on Accreditation of Allied Health Education Programs (CAAHEP), the accrediting body for education programs for athletic training upon the recommendations of the JRC-AT²⁵, accepted and adopted the *Standards and Guidelines* in June 1991. Also approving the *Standards and Guidelines* are the American Academy of Family Physicians, American Academy of Pediatrics, and the American Orthopaedic Society for Sports Medicine. The *Standard and Guidelines* are used for the development, evaluation, and self-analysis of athletic training education programs. However, these *Standards and Guidelines* are the minimum standards of quality upon which athletic training education programs are initially accredited and periodically reviewed to determine whether the athletic training education programs are in compliance. Section II of the *Standards and Guidelines* contains the specific requirements for preparing athletic trainers, along with a description of the profession.²⁶ In 1998, the JRC-AT initiated a review of the current *Standards and Guidelines*. The 2001 *Standards and Guidelines* include the ACI requirement and the third edition of the *Athletic Training Educational Competencies*. As of the 2002-2003 academic year, all programs were required to implement the *Athletic Training Educational Competencies 3rd Edition*. This included the ACI requirement for instruction and evaluation of the clinical proficiencies. In 2005, the Commission on Accreditation for Athletic Training Education (CAATE) was established, and the *Standards for the Accreditation of Entry-Level Athletic Training Education Programs (Standards)* was released. In July 2006, CAATE replaced the JRC-AT as the accrediting body for all Athletic Training Education Programs. In addition, the 4th Edition of the *Athletic Training Education Competencies* became effective in the 2007-2008 academic year. In 2011, the 5th Edition of the *NATA Athletic Training Education Competencies* were released. Soon after, in 2012, the *CAATE Standards for the Accreditation of Professional Athletic Training Programs* were released and have been updated every year. The American Academy of Family Physicians (AAFP), The American Academy of Pediatrics (AAP), the American Orthopaedic Society for Sports Medicine (AOSSM), and the National Athletic Trainers' Association, Inc. (NATA), cooperate to

sponsor the CAATE and to collaboratively develop the Standards for Entry-Level Athletic Training Educational Programs.

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Chapter 5

Challenges in Clinical Education

NOTE: This chapter of the *UNI Approved Clinical Instructor Workshop Manual* has been adopted from the following source: National Athletic Trainers' Association (2011). Clinical education program challenges. *Clinical Instructor Educator Seminar Handbook*, 30-32. This has been included in the *UNI Preceptor Workshop Manual* to fulfill the requirements for the Preceptor Workshop. This information is used for educational purposes only.

Conflict is inevitable. A key to effective management is being able to predict how people will act. If we can predict an individual's actions we can handle them more effectively. If we can predict what situations may arise, then we can train the staff to respond efficiently and automatically. Clinical education generally requires common sense and a working knowledge of the clinical situations. Clinical education coordinators must predict conflict within the clinical education program, while Preceptors must predict potential conflicts and issues with the student. A proactive approach to management issues in clinical education with written policies and procedures should improve consistency within the curriculum. Identifying potential problem areas is the key to diverting and minimizing crises.

An athletic trainer may become a Preceptor if he or she is willing to teach, supervise, evaluate, and mentor students. The development of future athletic trainers depends on the committed Preceptor. The student-to-Preceptor ratio should be low so that attention to the development of each student does not overwhelm the Preceptor. Conversely, all athletic trainers at the institution should not be required to teach students and monitor their acquisition of clinical skills. By merely allowing clinicians the choice to become a Preceptor improves the quality of instruction.

Preceptors will occasionally experience a conflict with a student. Again, the foresight and recognition of issues is the most important aspect of management of these problems. Written policies and expectations should be established in advance. Issues with the student may be difficult to resolve. Preceptors may have different methods to manage problematic situations. Possible problem areas within clinical education are briefly listed below. There will be other problem areas that may be more of a concern at your institution. The clinical education coordinator should investigate potential issues and the methods to resolve them.

Climate

As the term "climate" implies, this is the overlying environment or learning "atmosphere" within clinical education. The climate is embedded in each aspect of management and infiltrates the teaching and learning process. Specifically, climate incorporates the management style of the Clinical Education Coordinator and the Preceptor and the expectations of the Preceptor and the athletic training student. Feedback, which also incorporates communication and assessment is a concern and may affect the learning climate.

Management

Management of people is a difficult job. It is not easy to tell people what to do, how to act and respond if they do not share your vision.

The supervisor's behavior and treatment of others affects the ability to guide people to perform their duties. An effective manager should plan, provide and protect subordinates so that they are focused on the goals of the program. Planning allows the manager to share the vision with the staff. Providing allows for Preceptors to receive the tools and freedom to perform their duties. Protection means that the manager will support their work when conflicts arise. An effective manager stands by his or her team as long as the overall good of the athletic training education program is not compromised.

Expectations

The Preceptor will have expectations of the athletic training student and the student will have expectations of the Preceptor. These will vary considerably depending on the teaching and learning styles that were discussed previously. Unrealistic expectations lead to perceptual problems that affect the student-instructor relationship. Orientation should be clear and written materials should be provided whenever possible so that both the student and Preceptor understand their roles. The student may make assumptions from other clinical experiences, so each Preceptor should orient the student to his or her specific expectations.

Feedback

Feedback is vital in the development of the athletic training student's clinical skills. Feedback should be delivered often and as soon as possible after a demonstration of a skill or skills. In a clinical situation the Preceptor must ensure daily interaction.

Criticism must be objective, constructive, and focused on the task. It is appropriate to point out the error and offer suggestions for improvement. It is wise to adopt the policy of giving feedback frequently, especially for minor things. This can be perceived as mutual coaching, and it reduces the destructive impact of criticism when things go wrong. Every criticism must be accompanied by a positive suggestion for improvement.

If a student does something well, praise him/her. Not only does this reinforce commendable actions, but it also mollifies the negative feedback that may come later. Progress in the task should be emphasized.

Communication

Communication lines should be well established between the Clinical Education Coordinator and the Preceptor, the Preceptor and the student; and the Clinical Education Coordinator and the student. Breakdown in communication may occur at every level and are often the cause of crises. An effective Preceptor must be approachable and non-confrontational with criticism and feedback.

Communication is the responsibility of both the speaker and the listener. The speaker must actively seek to express ideas in a clear and concise manner while the listener must actively seek to understand what has been said and to ask for clarification if unsure. Finally, both parties must be sure that the ideas have been correctly communicated perhaps by the listener summarizing what was said.

Assessment

Assessment is a primary area of concern for potential conflict. If every student were bright, energetic, worked hard, and demonstrate common sense, then assessment would not be a potential managerial concern. However, sometimes students push the limits of acceptable behavior. There will always be students with marginal productivity, excuses and poor aptitude. Fair and objective evaluation is the key to preventing conflict.

Time Management

Time is a valuable commodity. The ability to balance the workload of teaching without compromising one's own duties as a clinician is a delicate procedure. Time management is a concern for both the Preceptor and the student.

Respect for one another's time constraints and responsibilities will help reduce conflicts. The program director and clinical education coordinator must be cognizant of time requirements for all

involved in clinical education and provide solutions for preventing overwork, burnout, and time conflicts.

Collaboration

Collaboration is the interaction that the Preceptor and the student have with other individuals. The interaction with others affects productivity either in a positive or negative manner. For example, in a traditional college setting the coaching staff and administrators may treat the athletic training student as either a contributor to their cause or as an intruder into their environment. It is the Preceptors responsibility to promote the student as a professional. This may be more difficult if the affiliation is short in duration.

It is also important to look at the relationship with other ATCs. Other athletic trainers may be resentful of the group of students who view the Preceptor as a mentor, or feel that they do more of the actual workload to free the Preceptor to teach. Effective communication and direction may divert hostilities between the academic and clinical aspects of athletic training.

Additionally, it is important to promote the athletic training student as a professional to other health professionals. Students must learn to communicate with these individuals in a professional and respectful manner. Regardless of the clinical setting, clinical education will demand the cooperation and acceptance by a wide variety of individuals.

Financial Issues

The increased responsibilities of the Preceptor may raise questions of the financial responsibility of implementing clinical education. Whether or not each ACI will be paid an additional stipend for the time required for student instruction should be resolved prior to the implementation of clinical education. The Clinical Education Coordinator should explore methods of compensation for the time/cost of professional development of this and determine how funding will be generated. If a change in the financial policy occurs, a long-range plan must be shared with the Preceptors including the steps that will be implemented for the change to occur.

Student Behavior

Student behavioral problems such as tardiness or lack of professionalism are some of the most difficult behaviors to address. Strict guidelines and orientation may help but there are always students who challenge the Preceptor. Students should be treated consistently by each Preceptor and personality conflict should be minimized and resolved early. Foresight for diverting conflicts is the best way to manage these situations.

Institutional Policies

The CAATE ultimately will investigate the clinical education program and evaluate its effectiveness. The clinical education coordinator should explore methods of delivering clinical education in their institution. There are many variables, but quality must be maintained.

The clinical education coordinator is responsible for the enforcement of state and federal regulations. Individual states may have licensure laws that affect the implementation of clinical education. There are also state and federal laws that affect students with disabilities. Appropriate accommodations must be made to comply with legal standards.

The Preceptors also have legal constraints in their role. The Preceptor must enforce institutional policies, including emergency action plans, as well as maintain accountability for the actions of the student. Understanding the role of the student is important since there may be instances where student participation may be limited if insurance carriers are charged for treatment.

Chapter 6

UNI Undergraduate AT Program Overview

UNIVERSITY OF NORTHERN IOWA MISSION STATEMENT

The University of Northern Iowa at Cedar Falls is recognized as having a mission of sufficient scope to enable it to be a distinguished arts and sciences university with an outstanding teacher education program. It provides leadership in the development of programs for the preservice and in-service preparation of teachers and other educational personnel for schools, colleges, and universities. The institution offers undergraduate and graduate programs and degrees in the liberal and practical arts and sciences, including selected areas of technology. It offers preprofessional programs and conducts research and extension programs to strengthen the educational, social, cultural, and economic development of Iowa and the larger community. Evolution from a state college to a university entailed a broadening of offerings, development of more specialized undergraduate and graduate programs, and greater emphasis on research and public professional services.

COLLEGE OF EDUCATION MISSION STATEMENT

As a premier professional college of education, the University of Northern Iowa's College of Education believes that the preparation of professionals for school and community settings is a moral imperative – the future of our nation depends on the success of this effort. Our efforts support teaching, research, and service in the following ways:

1. the College exists to prepare educational and human service professionals for a variety of direct service and human leadership roles in the school and community settings;
2. faculty member in the College conduct applied and basic research in the areas of teaching and learning, human performance, human health promotion, human growth and development, and education policy, and;
3. the College provides service on local, state, regional, national, and international levels.

By doing so, the College of Education effectively serves the profession by assuming leadership roles for the improvement of education and human services.

SCHOOL OF KINESOLOGY, ALLIED HEALTH, AND HUMAN SERVICES MISSION STATEMENT

The mission of the School of Kinesiology, Allied Health, and Human Services is as diverse as the academic disciplines and related professions, which comprise it. Underlying each of the professions and providing a common thread for the School's mission is a commitment to the enhancement of individual well-being through promotion of physical, mental, and social development (wellness). The mission of the School is to provide programs and leadership within each of its disciplines and in wellness to which all the School's disciplines contribute.

The School strongly endorses the liberal arts core as an essential ingredient in undergraduate education. The School primarily contributes to the liberal arts core by cooperatively devoting

the efforts of each of its disciplines to the education of students toward the pursuit of positive lifestyles. The liberal arts coursework provided by the School is devoted to developing in students the knowledge on which to base sound decisions about lifestyle, the skills necessary for the implementation of those decisions, and an awareness of the resources and services available to facilitate the pursuit of a healthy lifestyle. The School provides leadership in professional preparation through the undergraduate and graduate education of pre-service and in-service personnel in health education and health promotion, in human movement and physical education, in athletic training, and in recreation and leisure services. The School supports service programs for the University community, the residents of Iowa and the nation in general which facilitate the pursuit of an active and healthy lifestyle. Finally, the School conducts research and outreach programs to strengthen the educational, social, cultural, and economic environment of Iowa and the larger community.

The primary focus of the School is toward the students of the University. In order to maintain vital programs, the School must remain aware of the diverse and changing nature of that population. Additionally, the mission of the School includes the education of professionals who will serve both in the school and non-school settings, as well as a commitment to service to the community beyond the scope of the University. Therefore, academic and scholarly efforts must reflect an understanding of the diverse and changing nature of society as a whole. The School subscribes to the tripartite mission of the University. Therefore, it recognizes and fosters the interdependent nature of excellence in teaching and research, the mutually supportive functions of teaching and service, and the complementary nature of research and service. Service to the University and greater community is a natural outgrowth of the academic functions of the School.

UNI ATHLETIC TRAINING PROGRAM MISSION, OUTCOMES, & OBJECTIVES

MISSION STATEMENT

The mission of the University of Northern Iowa Athletic Training Program is to prepare students to become BOC certified athletic trainers and to obtain employment that will allow them to make significant contributions as a health care professional. The curriculum will include didactic and clinical experiences that will focus on the Athletic Training Educational Competencies and Clinical Integration Proficiencies.

PROGRAM OUTCOMES

Outcome I. Students will use effective communication skills.

Objective 1.1: Demonstrate professional verbal and written communication skills.

Objective 1.2: Demonstrate ability to use contemporary technology to communicate with various populations.

Objective 1.3: Use medical terminology which allows intelligent interdisciplinary interactions and collaboration with clinicians across the health care spectrum.

Outcome II. Students will possess professional attributes and behaviors.

Objective 2.1: Demonstrate knowledge and understanding of ethical and legal standards in the health care profession, including state and national practice acts and the regulation of athletic training.

Objective 2.2: Acknowledge the importance of professional membership and participation at the local, state, district, and national levels; and appreciate the importance of advocating for the profession of athletic training.

Outcome III. Students will possess entry-level athletic training skills and knowledge.

Objective 3.1: Possess problem-solving and critical thinking skills that will enable students to effectively identify, treat and rehabilitate various pathologies.

Objective 3.2: Demonstrate competence throughout the educational content areas as delineated by the NATA Educational Competencies.

Objective 3.3: Demonstrate competence of the Clinical Integration Proficiencies as delineated by the NATA Educational Competencies.

Objective 3.4: Understands importance of patient-centered, whole-person care.

Outcome IV. Students will employ evidence based decision-making to guide their clinical practice.

Objective 4.1: Develop relevant and applicable clinical questions.

Objective 4.2: Access, appraise, and apply current literature.

Objective 4.3: Have the ability to measure, assess, and modify course of treatment based upon patient and clinical outcomes.

Outcome V. Students will have the ability to succeed in diverse environments.

Objective 5.1: Experience diverse clinical settings and patient populations that will prepare students for current employment trends.

Objective 5.2: Develop culturally competent and appropriate communication and interaction skills.

Outcome VI. Students will be prepared to be health care professionals.

Objective 6.1: Pass the Board of Certification Exam.

Objective 6.2: Obtain employment or admission into graduate school.

Objective 6.3: Prepared to apply skills and knowledge in clinical practice.

Objective 6.4: Prepared/ready to transition to be a productive and effective clinician.

ACCREDITATION STATUS

The University of Northern Iowa's Athletic Training Program was accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) on October 19, 2001 through July 1, 2006. Effective July 1, 2006, existing CAAHEP accredited programs were transitioned into the new accrediting agency, or the Commission on Accreditation of Athletic Training Education (CAATE). Therefore, the UNI AT Program is now accredited by the CAATE as of July 1, 2006. The program underwent re-accreditation procedures in the 2015-2016 academic year and is awaiting accreditation action from the CAATE.

PERSONNEL & RESPONSIBILITIES

The Athletic Training Program consists of administration, faculty athletic trainers, preceptors, team physicians, consulting medical specialists and graduate assistants.

Director of the School of Kinesiology, Allied Health, and Human Services

The director of the school of KAHHS directly oversees the development and evaluation of the Athletic Training Program. The Director also evaluates the Chair of the Division, Program Director, as well as all other athletic training faculty.

Chair, Division of Athletic Training

The chair of the Division of Athletic Training is responsible for overseeing all of the athletic training programs at the University of Northern Iowa. The chair of the Division of Athletic Training reports to the Director of the School of KAHHS.

Director of Athletic Training Services

The Director of Athletic Training Services is responsible for overseeing all of the athletic training services at the University of Northern Iowa. The Director of Athletic Training Services reports to the Chair of the Division of Athletic Training.

Athletic Training Program Director

The Entry-Level Athletic Training Program Director is responsible for the day to day operation, coordination, supervision, and evaluation of all aspects of the Entry-Level Athletic Training Program. The program director reports to the Chair of the Division of Athletic Training.

Athletic Training Coordinator of Clinical Education

The clinical experience coordinator is responsible for the administration and management of the clinical education and clinical experience components of the entry-level athletic training program. The clinical education coordinator reports directly to the Chair of the Division of Athletic Training.

Athletic Training Research Coordinator

The athletic training research coordinator is responsible for coordinating the activities within the athletic training research laboratory. The coordinator is responsible for the organization of the laboratory as well as overseeing all of the research programs within the Division of Athletic Training.

Athletic Training Faculty

The athletic training faculty members are employed by the school of KAHHS and teach within the AT Program. The faculty assists the program director in the day to day operation of the program.

Supporting Faculty

The supporting athletic training faculty are those professors that teach Anatomy and Physiology, Physiology of Exercise, and Sports Nutrition. The supporting faculty work closely with the AT Program director to assure that the proper competencies are taught in each course.

Instructors

The University of Northern Iowa employs staff athletic trainers within the department of intercollegiate athletics. These clinical athletic trainers are also employed by the school of KAHHS as instructors within the Athletic Training Program.

Preceptors

Preceptors are health care professionals who have completed the University of Northern Iowa AT Program Preceptor workshop and are an appropriately credentialed health care professional. These individuals are qualified to supervise clinical instruction during the clinical experience courses within our curriculum and can also supervise the athletic training students during their clinical experiences. The preceptors who supervise athletic training students during their clinical experience rotations will be responsible for evaluating the Athletic Training Clinical Integration Proficiencies. These should be assessed in real-time as often as possible. Although the clinical experience preceptors are not formally responsible for evaluating the students' competencies, they may do so if deemed appropriate and necessary. The proper documentation will be provided to the preceptor should this need arise.

Medical Director(s)

The medical director(s) advises the athletic training program director in the education of athletic training students. He/she is directly involved in the athletic training student's education by frequently interacting with the students through guest lectures, surgical observations, practice and game attendance, as well as through other means.

Consulting Medical Specialists

The UNI Athletic Training Program utilizes a vast amount of consulting medical specialists for the education of athletic training students. The medical specialists will be utilized in the education of athletic training students through guest lecturing, clinical education, surgical observations and general medical experiences.

Division of Athletic Training Secretary

The Division of Athletic Training Secretary assists faculty and staff with the daily operations of the entry-level and post-professional athletic training programs, and those of athletic training services. The secretary also oversees the athletic training webpage and reports to the Chair of the Division of Athletic Training.

Graduate Assistants

The graduate assistants are certified athletic trainers. These assistants work under the direct supervision of the Director of Athletic Training Services. The graduate assistants are considered staff and work as preceptors within the AT Program.

Athletic Training Students (ATS's)

Athletic training students are those students whom have been accepted into the AT Program and are majoring in Athletic Training.

Directed Observation Students

Directed observation students are prospective athletic training students who have not been accepted into the AT Program. However, these students must undergo OSHA or blood borne pathogens training, as well as FERPA training, prior to observing UNI or affiliated athletic trainers or athletic training students. When athletic training skills are being observed, these students must be included in the student to preceptor ratio.

ATHLETIC TRAINING FACULTY AND STAFF CONTACT INFORMATION

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ADMISSION REQUIREMENTS & PROCEDURES

Application Requirements:

- Students must have completed or be enrolled in AT 1010 (Introduction to Athletic Training), or the equivalent, before applying into the program.
- Students must have completed 30 hours of observation of a certified athletic trainer. At least 10 hours must be completed with a UNI AT preceptor.
 - If they observed an AT who is a preceptor of the UNI athletic training program, then students should use the “*Prospective Student*” log sheet.
 - If they observed an AT who is not a preceptor of the UNI athletic training program, then students should use the “*Verification of Supervision Form*.”
- Students must submit three (3) letters of recommendation using the Survey Monkey link provided by the program director.
- Students must have a minimum cumulative grade point average of 2.5 or submit a current grade report from each class in which they are currently enrolled. If they are not currently enrolled in any university or college classes, then a current grade report is not required.
- Students who are completing their first semester of college, or their first semester at a 4-year institution, at the time of application must submit a mid-term grade report.
- Students must verify that they meet the Technical Standards of the UNI Athletic Training Program by submitting the signed Technical Standards form with their application materials.
- Students must verify completion of the following training:
 - OSHA/Bloodborne pathogens
 - HIPAA & FERPA Training
 - CPR (must be professional course, not lay person)
 - First Aid
- Students must submit a criminal background check from their state of residence
 - Iowa website: <https://iowacriminalhistory.iowa.gov/default.aspx>
 - *Note:* A positive criminal background check may inhibit program admission. Final admission decisions will be made by the Athletic Training Program Director and the Chair of the Division of Athletic Training. Appeals of such decision can be made with the Director of the School of Kinesiology, Allied Health, and Human Services.
 - Students should be aware that having a criminal history may inhibit athletic training certification and/or licensure.
- An essay stating why they want to be an athletic trainer, their career goals, and the attributes they possess that will make them a successful student and athletic trainer.

Scoring System

Each applicant will be given a score for the following items:

1. Introduction to Athletic Training grade at the time of the interview.
 - A=4, B=3, C=2, D=1, F=0 (+.5 for "+" grades; B+ = 3.5)
2. Cumulative GPA
 - Points of GPA x 2 (example 3.3 GPA gets 6.6 points)
3. Letters of Reference
 - Average of three committee members scores, (0-5 points)
4. Content of Essay
 - Average of three committee members (0-5 points)
5. Interview Impressions
 - Average of five interviewers (0-5 points)
6. *Student learning objectives
 - One point if all objectives are completed (0-1 point)

**These items are not required.*

PROCEDURES for TRANSFERRING FROM ANOTHER AT PROGRAM

All students wishing to transfer to the University of Northern Iowa Athletic Training Program from another CAATE accredited AT Program must first meet all of the pre-admission requirements. Upon admission to the UNI AT Program the student may petition that prior course work and/or clinical experiences be considered as equivalents of courses and or clinical experiences within the UNI Athletic Training Program. The following are policies and procedures which must be followed in order to consider transfer students prior work.

Petition Procedures:

1. The transfer student must submit in writing their request for accepting previous coursework and/or clinical experiences. Included in this document should be the following:
 - a. Indicate if the current institution from which the student is transferring offers an accredited athletic training program.
 - i. If the student's current institution offers an accredited program, the student should indicate their status in that program.
 - ii. If the current institution offers an accredited program, indicate the name and contact information of the program director.
 - b. Name of course, credit hours, professor, institution offered, and name of the UNI course it will be substituting.
 - c. A notarized copy of the Verification of Supervision form for all previous clinical experiences. (See Appendix 1)
 - d. A copy of published course descriptions of all courses.
 - e. A detailed copy of a course syllabus, for all courses, or a letter from the instructor describing in complete detail what the course taught.
 - f.

Course Acceptance Procedures:

1. The committee will review each of the course descriptions and syllabi.
2. The committee will then compare the said course to the UNI course and determine if they are comparable. The following criteria will be evaluated:
 - a. Credit hours
 - b. Content
 - c. Laboratory experiences
3. If the course does not have comparable credit hours, content, and/or laboratory experiences the course will not be substituted for the UNI course and the student will follow the normal athletic training curricular plan.
4. If the course has comparable criterion to the UNI course the student will then be placed within the curricular plan where appropriate.

Clinical Experience Acceptance Procedures:

1. The committee will review each of the Verification of Supervision forms.
2. The committee will then compare the said clinical experience to the UNI clinical experience and determine if they are comparable. The following criteria will be evaluated:
 - a. Assignment
 - b. Responsibilities
 - c. Clinical setting
 - d. Type of supervision
3. If the clinical experience/course does not have comparable assignments, responsibilities, clinical settings or supervision, the clinical experience will not be substituted for the UNI clinical experience and the student will follow the normal athletic training clinical experience rotation plan.
4. If the clinical experience has comparable criterion to the UNI clinical experience the student will then be placed within the curricular plan where appropriate.

Note: The UNI Athletic Training Admission Committee has the right to accept or reject any prior coursework or clinical experience in accordance to the above procedures.

ACCEPTANCE PROCEDURES FOR ALL APPLICANTS:

Notification of admission status: Applicants will receive a letter indicating their status no later than the fourth week in March. Accepted students will have 30 days to complete the following:

- Each student must send a letter of acceptance to the athletic training program director accepting a position within the program.
- Each student must have a hepatitis B vaccination before beginning clinical experience or sign the hepatitis B waiver form.
- Each student must become a member of the NATA.

ATHLETIC TRAINING PROGRAM RETENTION POLICY

Once accepted into the Athletic Training Program, students must achieve each of the following in order to maintain his/her status as an athletic training student.

****Any student who fails to meet any of the following requirements is subject to disciplinary action and potential expulsion from the UNI Athletic Training Program.**

- Each student must be enrolled in the athletic training program for at least two years.
- Each student must maintain current Professional CPR and AED certifications.
- Each student must attend the College of Education OSHA Training once each year.
- Each student must attend Mandatory Child Abuse Reporter Training during the fall of the first year in the program, unless the student has documentation of previous training.
- Each student must maintain current NATA membership.
- Each student must maintain a professional liability insurance policy.
- Each student must maintain a 2.5 cumulative GPA and a 2.75 major GPA.
- Each student must earn a minimum grade of C+ and/or 77% in all athletic training core courses.
- Each first year student must complete an average of 10 hours of supervised athletic training experience each week (minimum hours/week = 5; maximum hours/week = 15).
- Each second year student must complete an average of 15 hours of supervised athletic training experience each week (minimum hours/week = 8; maximum hours/week = 20).
- Each third year student must complete an average of 20 hours of supervised athletic training experience each week (minimum hours/week = 12; maximum hours/week = 30).
- Each student must pass all skill competencies with 85% proficiency.
- Each student must pass all Clinical Integration Proficiencies.
- Each student must receive passing clinical experience evaluations.
- Each student must complete a general medical experience.
- Each student must observe at least one surgical procedure.
- Each student must always abide by the Code of Conduct/Ethics established by the University of Northern Iowa, National Athletic Trainers' Association, and Board of Certification.
- Each student must complete the athletic training major.
- Each student must complete the exit interview.

University of Northern Iowa Athletic Training Program

Technical Standards for Admission

The Athletic Training Program at the University of Northern Iowa is a rigorous and intense program that places specific requirements and demands on the students enrolled in the program. An objective of this program is to prepare graduates to enter a variety of employment settings and to render care to a wide spectrum of individuals engaged in physical activity. The technical standards set forth by the Athletic Training Program establish the essential qualities considered necessary for students admitted to this program to achieve the knowledge and skill competencies, and clinical integration proficiencies, of an entry-level athletic trainer, as well as meet the expectations of the program's accrediting agency (Commission on Accreditation of Athletic Training Education [CAATE]). The following abilities and expectations must be met by all students admitted to the Athletic Training Program. In the event a student is unable to fulfill these technical standards, with or without reasonable accommodation, the student will not be admitted into the program.

Compliance with the program's technical standards does not guarantee a student's eligibility for the BOC certification exam.

Candidates for selection to the Athletic Training Program must demonstrate:

1. The mental capacity to assimilate, analyze, synthesize, integrate concepts and problem solve to formulate assessment and therapeutic judgments and to be able to distinguish deviations from the norm.
2. Sufficient postural and neuromuscular control, sensory function, and coordination to safely, efficiently, and accurately perform the appropriate physical skills required for delivering essential professional duties using accepted techniques. These duties include but are not limited to: emergency and life-saving techniques (CPR, AED, splinting, heat illness care, etc.), injury and general health examinations; the use of equipment and materials during the assessment and treatment of patients.
3. The ability to communicate effectively, sensitively, and appropriately with patients, colleagues, and other necessary individuals (i.e. administrators, coaches, parents), including individuals from different cultural and social backgrounds; this includes, but is not limited to, the ability to establish rapport with patients and communicate judgments and treatment information effectively. Students must be able to understand and speak the English language at a level consistent with competent professional practice.
4. The ability to record the physical examination results and a treatment plan clearly and accurately.
5. The capacity to maintain composure and continue to function well during periods of high stress.
6. The perseverance, diligence and commitment to complete the athletic training program as outlined and sequenced.
7. Flexibility and the ability to adjust to changing situations and uncertainty in clinical situations.
8. Affective skills and appropriate demeanor and rapport that relate to professional education and quality patient care.

Candidates for selection to the athletic training program will be required to verify they understand and meet these technical standards or that they believe that, with certain accommodations*, they can meet the standards.

**Students who are requesting reasonable accommodations should contact The University of Northern Iowa Office of Student Disability Services (SDS). SDS will evaluate a student who states he/she could meet the program's technical standards with accommodation and confirm that the stated condition qualifies as a disability under applicable laws.*

ATHLETIC TRAINING PROGRAM CURRICULAR OUTLINE (Class of 2019)

****Students interested in the 2-year plan of study must contact the AT Program Director.**

Pre-Professional Course (2 credit hours)

Course Number	Course Title (Credit Hours)
AT 1010	Introduction to Athletic Training (2 hrs)

Professional Courses (58-60 credit hours)

Course Number	Course Title (Credit Hours)
AT 3000	Athletic Training Clinical Integration (6 – 8)
AT 3010	Athletic Training Terminology (1)
AT 3011	Clinical Skills in Athletic Training (1)
AT 3020	Clinical Anatomy (3)
AT 3030	Acute Care in Athletic Training (2)
AT 3031	Acute Care Clinical Skills (2)
AT 3040	Orthopedic Injury Assessment I (3)
AT 3042	Injury Assessment Clinical Skills I (2)
AT 3050	Orthopedic Injury Assessment II (3)
AT 3052	Injury Assessment Clinical Skills II (2)
AT 3060	Athletic Training Administration and Professional Development (3)
AT 3070	Therapeutic Interventions I (3)
AT 3072	Therapeutic Interventions Clinical Skills I (1)
AT 3080	Therapeutic Interventions II (3)
AT 3082	Therapeutic Interventions Clinical Skills II (1)
AT 3110	Psychological Considerations for Athletic Injuries and Rehabilitation (2)
AT 3120	Clinical Decision Making in Athletic Training and Orthopedic Pathology I (3)
AT 3125	Clinical Decision Making in Athletic Training and Orthopedic Pathology II (3)
AT 3130	General Medical Conditions (3)

AT 3186	Gross Anatomy (3) <i>(elective)</i>
AT 3250	Advanced Preventative Health Techniques (3)
AT 4140	Current Trends (2) <i>(elective)</i>
AT 4150	Athletic Training Seminar (2) <i>(elective)</i>
AT 6289	Advanced Rehabilitation (2) <i>(elective)</i>
PEMES 3186	Clinical Biomechanics (3) <i>(elective)</i>
BIOL 3101	Anatomy & Physiology I (4)
BIOL 3102	Anatomy & Physiology II (4)

**For course descriptions, please visit the UNI course catalog.*

CURRICULAR PLAN (Class of 2019)

The sequence below outlines the coursework for students that are applying to the program their first year in college. This sequence should be followed unless otherwise instructed by the Athletic Training Program Director.

**Denotes courses that may not be available in the suggested semester. These courses are taught in other departments and can be taken earlier or later in the curriculum.*

Freshman Year Fall Semester		Credits
	General Education or Electives	15.0
Spring Semester		Credits
AT 1010	Introduction to Athletic Training	2.0
	General Education or Electives	12.0
Summer		Credits
AT 3010	Athletic Training Terminology	1.0
AT 3020	Clinical Anatomy	3.0
AT 3011	Clinical Skills in Athletic Training	1.0
Sophomore Year Fall Semester		Credits
AT 3000	Athletic Training Clinical Integration	1.0
AT 3030	Acute Care in Athletic Training	2.0
AT 3031	Acute Care Clinical Skills	2.0
AT 3040	Orthopedic Injury Assessment I	3.0
AT 3042	Injury Assessment Clinical Skills I	2.0
AT 3120	Clinical Decision Making and Athletic Training and Orthopedic Pathology I	3.0
BIOL 3101	Anatomy and Physiology I	4.0
Spring Semester		Credits
AT 3000	Athletic Training Clinical Integration	1.0
AT 3050	Orthopedic Injury Assessment II	3.0
AT 3052	Injury Assessment Clinical Skills II	2.0
AT 3125	Clinical Decision Making and Athletic Training and Orthopedic Pathology II	3.0
BIOL 3102	Anatomy and Physiology II	4.0
	General Education or Electives	3.0
Junior Year Fall Semester		Credits
AT 3000	Athletic Training Clinical Integration	1.0
AT 3060	Athletic Training Administration and Professional Development	3.0
AT 3070	Therapeutic Interventions I	3.0

AT 3072	Therapeutic Interventions Clinical Skills I	1.0
	General Education or Electives	8.0
Spring Semester		Credits
AT 3000	Athletic Training Clinical Integration	1.0
AT 3080	Therapeutic Interventions II	3.0
AT 3082	Therapeutic Interventions Clinical Skills II	1.0
AT 3110	Psychological Considerations for Athletic Injuries and Rehabilitation	2.0
AT 3130	Athletic Training General Medical Conditions	3.0
AT 3250	Advanced Preventative Health Techniques	3.0
	General Education or Electives	2.0
Senior Year	Fall Semester	Credits
AT 3000	Athletic Training Clinical Integration	2.0
AT 4140	Current Trends in Athletic Training (<i>elective</i>)	2.0
AT 6289	Advanced Rehabilitation (<i>elective</i>)	2.0
PEMES 3186	Clinical Biomechanics (<i>elective</i>)	3.0
	General Education or Electives	3.0
Spring Semester		Credits
AT 3000	Athletic Training Clinical Integration	2.0
AT 4150	Athletic Training Seminar (<i>elective</i>)	2.0
AT 3186	Gross Anatomy (<i>elective</i>)	3.0
	General Education or Electives	5.0

TWO-YEAR ACADEMIC PLAN OPTION:

In some cases, a student may opt to complete the AT Program in two years rather than three. Students wishing to pursue this option must schedule a meeting with the AT Program Director. This option is not guaranteed to any student and must be approved by the AT Program Director.

PROFESSIONALISM AS AN ATS

As students who are in training to become professionals, it is expected that athletic training students conduct themselves as professionals at all times. Students must be conscientious that they represent the UNI Athletic Training Program, the University of Northern Iowa, and the profession of athletic training at all times and must conduct themselves in a manner which will bring dignity and pride to each entity. Students must always abide by the Code of Conduct/Ethics established by the University of Northern Iowa, National Athletic Trainers' Association, and Board of Certification.

Laboratory Classroom Attire:

- During laboratory courses, students must be prepared to be a model patient for their peers. Therefore, students must be dressed to facilitate the learning process of others.
- Tank tops or shorts must be worn as necessary, but should allow personal discretion.
- Clothing should never be unprofessionally revealing.
- Daily hygiene practices should be used prior to arriving to class.
- Cologne, perfume, and scented lotion should be avoided.
- Fingernails should be trimmed short; artificial nails are prohibited.

Professional Attire and Appearance:

Professional appearance during clinical experience is of utmost importance. Any violation of the following will result in an infraction. As a general rule of thumb, athletic training students should always be identifiable as a health care professional; NOT mistaken for a student-athlete.

Identification:

- When participating in clinical experience at any setting/location, students must always wear proper identification. The identification badge must always be visible and should never be altered in any manner.

Clothing:

- An athletic training polo or t-shirt and khaki pants (or other neutral shade such as black or grey) should be worn unless otherwise indicated by a preceptor (jeans, running tights, yoga pants, and cut-offs are prohibited even if approved by a preceptor).
- Clothing should be clean and free of holes and large wrinkles.
- If shorts are approved, they must be khaki or solid black in color.
 - *Shorts must always be past the finger tips in length.*
- Shoes must be clean and close-toed. Laces must be tied.
- Shirts must always be tucked in, with the exception of women's cut polos. Khaki/dress pants must be belted.
- Cold/rain gear may be worn as necessary.
- The following are absolutely prohibited:
 - Jeans, running tights, yoga pants, cut-offs, shorts shorter than finger length, belly/midriff shirts, low neck lines on shirts, low rise jeans/pants that don't properly cover the body when active, open-toed shoes of any kind, even dress shoes.

Hygiene & Grooming:

- Daily personal hygiene practices must include general cleanliness, which eliminates foul body odor (use of deodorant is encouraged). Students should appear clean and well-kept.
- Hair should be clean, combed (no “bed head”), and pulled off the face to facilitate proper application of treatments and other procedures, and to avoid contact with patients.
- Facial hair must be trimmed and neat, if permitted by the preceptor.
- Cologne, perfume, and scented lotion should be avoided.
- Fingernails should be trimmed short; artificial nails are prohibited.

Tattoos & Piercings:

- Students with tattoos and piercings/gauges that are visible when wearing professional attire must be approved by each preceptor.
- Students must be prepared to cover tattoos or remove piercings.
- Dangling earrings should be avoided for personal safety reasons.

Professional Relationships:

- Students must maintain professional relationships at all times (athletes, coaches, preceptors, faculty, staff, administrators, peers, etc.). Students choosing to engage in a personal relationship with any of the aforementioned are encouraged to discuss any potential risks and/or consequences with the AT program director and/or coordinator of clinical education.
- Athletic training students are strictly prohibited from engaging in personal relationships with high school athletes.

Social Media:

- Use of social media must be professional at all times.
- Students must be conscientious of how they represent themselves on social media. It is imperative that students maintain a professional standard, even on their personal social media platforms, as they are always a representative of UNI athletic training, the University, and the profession of athletic training.

Communication:

- Communication is a key element to a successful educational experience, both in the classroom and clinical experience.
- Students are expected to maintain utmost professionalism in all interactions, verbal or written.
- During clinical experience orientation, students are to identify the preceptor’s preferred mode of communication.
- Students should be mindful of times of day that they are communicating with their preceptor (i.e. it is typically not appropriate to contact your preceptor between 10:00 p.m. and 6:00 a.m.).
- Written correspondence should always include proper sentence structure (i.e. full sentences, punctuation, and proper grammar). Emails beginning with “Hey....” are inappropriate and will not receive a response.
- Emails should NOT be written in texting format.
- Should a conflict arise, students should communicate directly TO the person with whom there is a conflict. This applies to faculty, preceptors, peers, etc.

Attendance & Tardiness:

- Regular attendance in all athletic training courses is absolutely expected. Routine absence or tardiness will result in a behavioral disciplinary action.

- Students are expected to attend clinical experience as scheduled with each preceptor. Failure to attend clinical experience as scheduled, or habitual tardiness, will result in a behavioral disciplinary action.

Cell phone/technology use:

- At no time should a student use his/her cell phone during class, unless prior permission is granted by the instructor. If a student is caught using his/her cell phone during class, he/she will be excused from class. If cell phone usage occurs during an exam or quiz, the student will receive a score of "0" for that particular exam or quiz and will be subject to further University disciplinary action.
- Online documents may be accessed during class with use of a tablet or laptop.
- Cell phones should never be used for personal reasons during clinical experiences unless approved by the student's preceptor. If a student uses their cell phone for non-athletic training purposes without prior approval, they will be excused from their clinical experience for the day and will have a meeting with the program director.

Outside employment:

- Athletic training students are permitted to engage in outside employment, but work hours **MUST** be scheduled around clinical experience, classes, and meetings.

Other Attributes of a Professional:

- Initiative
 - Students who make the most out of their clinical experience and take advantage of each learning opportunity receive the most enjoyment and success in clinical experience. It is the students' responsibility to initiate the learning process by being inquisitive and ready to learn.
- Attention to deadlines
 - Habitually missing deadlines is highly unprofessional and will not be tolerated.
- Responsibility
 - All athletic training students, just as all college students, are adults and will be treated as such. Students must take ownership of their actions and accept potential consequences of their actions.
- Involvement
 - Being an athletic training student is time-consuming. However, doing just the bare minimum is rarely enough to achieve success. Students should be prepared to become involved in the profession of athletic training outside of academic requirements. It is through these opportunities that students find their true passion for athletic training and enjoyment of sharing their passion with others.

DISCIPLINARY ACTIONS & GRIEVANCES

At the University of Northern Iowa, the athletic training students are expected to follow the student code of conduct as is outlined in the UNI Student Handbook and in the University Policies and Procedures. In addition to these policies, athletic training students must comply with all athletic training major requirements and procedures. In order to maintain a professional atmosphere for learning the following procedures have been developed for infractions, disciplinary actions, and grievances.

There are two levels of disciplinary procedures: Infractions and Disciplinary Actions. The criteria for both are listed below. Three Infractions will constitute a Disciplinary Action. Three Disciplinary Actions of the same type (Behavior or Academic) will result in dismissal from the AT Program.

Infraction Notification

An infraction form may be electronically submitted (ATrack) by a Preceptor or classroom instructor due to inappropriate attire/appearance, misconduct, unexcused absence, repeated tardiness, failure to submit evaluations and/or requested documents on time, or other violations as deemed necessary per AT Program administrators. The form will be placed in the student's file. As a result, there may be a significant reduction in the clinical experience course grade.

Infraction Procedures:

- Each infraction will be documented in ATrack
- The third infraction will result in a disciplinary action

Behavioral Disciplinary Action

Criteria:

- Three infractions documented via ATrack
- Not maintaining current first aid and CPR certifications
- Not attending the annual OSHA training course
- Not turning in *any* required document or certificate
- Not providing annual proof of professional liability insurance
- Habitual unexcused absence from classes or clinical experiences
- Conduct unbecoming of an athletic training student
- Providing health care interventions as an athletic training student while not being properly supervised by a qualified preceptor

Behavioral Disciplinary Action Procedures:

- 1st Action:
 1. Meeting with program director
 2. Probation period for improvement (As determined by the program director)
 3. Contract for improvement

- 2nd Action:
 1. Meeting with program director
 2. Probation for one semester
 3. Contract for improvement
 4. Consideration of one year hold option on AT student status
- 3rd Action:
 1. Expulsion from the program

Academic Disciplinary Action

Criteria:

- Three infractions
- Academic Dishonesty (Automatic F in course)
- Not maintaining a 2.5 Cumulative GPA
- Not maintaining a 2.75 Major GPA
- Not verifying skill competency or clinical integration proficiency with their preceptor

Academic Disciplinary Action Procedures:

- 1st Action:
 4. Meeting with program director
 5. Probation period for improvement (As determined by the program director)
 6. Contract for improvement
- 2nd Action:
 5. Meeting with program director
 6. Probation for one semester
 7. Contract for improvement
 8. Consideration of one year hold option on AT student status
- 3rd Action:
 2. Expulsion from the program

Optional Student Hold Status

If a student's GPA(s) fall below the required levels, the student may opt to hold his/her status as an athletic training student for two semesters. During this period of time, the student may re-take athletic training courses, but may not attend clinical experience rotations. If the GPA(s) are not at the required levels at the completion of the two-semester hold period, the student will not be re-admitted to the program. If the student should be re-admitted, the student retains all prior disciplinary actions. Therefore, if the student puts their status on hold after two disciplinary actions, they will be dismissed from the program if another disciplinary is issued.

Grievances

In the event that an athletic training student has a grievance against faculty, staff, preceptors, athletes, or fellow students the following guidelines should be considered:

Criteria for Grievance:

- Harassment
- Unfair Practices
- Dishonesty
- Lack of professionalism
- Other

Procedures:

- a. Confront the individual with the grievance so that you can assure that there is not some form of miscommunication.
- b. Try to work out the grievance with the individual.
- c. If the problem cannot be resolved, inform the individual that you are planning on filing a grievance.
- d. Fill out a grievance form (Appendix 10) and submit it to the program director. In the event the grievance is against the program director submit the complaint to the Division of Athletic Training Chair.
- e. Once the grievance is received the faculty, staff, and president of the UNISATO will review the case and take appropriate action.

Note: In the event that one of the grievance committee members is involved with this action, the individual will not be on the committee for this particular problem.

CLINICAL EDUCATION

The clinical education component of the UNI Athletic Training Program is designed to provide authentic, real-time opportunities to practice and integrate athletic training knowledge, skills, and clinical abilities. Clinical Integration (AT3000) and Clinical Skills courses (AT3031, AT3042, AT 3052, AT3072, AT3082) engage students in instruction and competence of athletic training skills prior to performing skills on patients. Following classroom and laboratory competence, students will have the opportunity to practice those skills in clinical rotations and interact with a variety of patient populations, care providers, and health care settings.

On a typical day, students must be available in the morning for class (8am-12pm) and in the afternoons for clinical experience (2pm-7pm) (times vary depending on site). Students must also be available nights and weekend for clinical assignments as needed.

Students must be aware that the practice of athletic training is regulated under licensure in the state of Iowa, as it is in most states. Therefore, providing athletic training services without the direct supervision of a preceptor is in direct violation of the State of Iowa Athletic Training Practice Act. All violators are subject to legal ramification.

CLINICAL INTEGRATION IN ATHLETIC TRAINING (AT3000)

The Clinical Integration course (AT 3000) provides comprehensive experiences in athletic training education. The course provides for the opportunity to complete a required clinical experience, contained in a class, over at least four semesters. Although knowledge and skill competencies will be assessed, the content will focus on clinical integration proficiencies (decision making and skill application). Prerequisite: Admission to Athletic Training Program.

Specific objectives of the Clinical Integration course are directly related to the mastery and application of the competencies and clinical integration proficiencies assigned to each Clinical Integration section. Content will focus on the course competencies and clinical integration proficiencies that are initially learned in the classroom and laboratory setting. Whereas students have previously demonstrated competence in the classroom and laboratory, they will be required to demonstrate practical application of their knowledge and skills (clinical proficiency) in Clinical Integration. To provide evidence, students will establish/maintain portfolios, develop proper medical documentation and record keeping skills, and be provided opportunities for general medical experience and orthopedic surgery observation.

CLINICAL SKILLS COURSES (AT3031, AT3042, AT 3052, AT3072, AT3082)

Clinical Skills courses are laboratory classes that are directly related to the athletic training didactic courses (including Acute Care Clinical Skills, Injury Assessment Clinical Skills I, Injury Assessment Clinical Skills II, Therapeutic Interventions Clinical Skills I, and Therapeutic Interventions Clinical Skills II). The specific knowledge, skills, and abilities are linked to each course that is listed in the competency matrix.

EDUCATIONAL SKILL COMPETENCY ASSESSMENTS:

All skill competencies will be assessed in practical examinations. Students must successfully pass each skill competency exam with 85% proficiency before implementing those skills in clinical experience under the supervision of a preceptor.

EDUCATIONAL SKILL COMPETENCY VERIFICATION:

Once the student has successfully passed a skill competency with 85% proficiency, the instructor will verify the skill exam to indicate that the student passed with 85% proficiency in ATrack. The student is then able to perform those skills during their clinical experience under the direct supervision of their preceptor.

STUDENTS' RESPONSIBILITIES:

The athletic training student is responsible for the following with regards to the clinical education courses and the clinical competencies/proficiencies:

1. Utilize the time in class to practice the educational skill competencies and clinical integration proficiencies and receive direct feedback from the instructor.
2. Pass designated skill competencies and clinical integration proficiencies.
3. Provide his/her preceptor with weekly updates regarding skill competency and clinical integration proficiency progress.
4. Utilize the skills in clinical experience, once he/she passes exam with 85% proficiency.

INSTRUCTOR'S RESPONSIBILITIES:

All of the following are the responsibilities of the instructor:

1. Teach all of the designated athletic training educational skill competencies and clinical integration proficiencies correctly.
2. Allow the athletic training students time to practice the skill competencies and clinical integration proficiencies.
3. Give helpful and positive feedback to the athletic training students while they practice and learn the skill competencies and clinical integration proficiencies.
4. Use a variety of instructional strategies when teaching the skill competencies and clinical integration proficiencies.
5. Correctly evaluate the athletic training students on all of their skill competencies and clinical integration proficiencies.
6. Accurately document student grades and proficiency assessment.
7. Maintain current certification as a preceptor.

CLINICAL EXPERIENCE

ROTATIONS:

Students are required to successfully complete clinical experiences over a minimum of two academic years. The purpose of each clinical experience is to provide the students the opportunity to informally and kinesthetically apply what they have learned in the classroom. During the clinical experience, the only skill competencies that students may practice are those that they have successfully completed with 85% or greater proficiency. Students are allowed to participate in clinical experiences after all required paperwork has been submitted to the AT Program Director (e.g. liability insurance, OSHA training certificate, mandatory reporter training certificate, etc.)

Descriptions of the clinical experience requirement according to year in the program (1, 2, or 3) are provided below. Clinical experience hours will be documented using ATrack. All students will be provided the opportunity to have a clinical experience with a variety of populations, including, but not limited to “clients/patients throughout the lifespan (e.g. pediatric, adult, elderly); of different sexes; with different socioeconomic statuses; of varying levels of activity athletics (e.g. competitive, recreational, individual and team activities, high and low intensity activities); and non-sport populations (e.g. participants in military, industrial, occupational, leisure activities)” (CAATE Standards for Professional Programs). Each student must complete each clinical experience requirement in order to successfully complete the Clinical Integration courses. The grade earned in each Clinical Integration course will be partially based upon the grade received in clinical experiences as determined by the clinical experience preceptor.

First Year Students:

The first year athletic training students will rotate through four seven/eight-week clinical rotations on or off-campus. First year students should obtain 10 hours of clinical experience each week (minimum hours/week = 5; maximum hours/week = 15).

Second Year Students:

The second year students will rotate through four seven/eight-week clinical rotations on or off-campus which include non-sport patient populations. Second year students should obtain 15 hours of clinical experience a week (minimum hours/week = 8; maximum hours/week = 20).

Third Year Students:

The third year students will have one rotation, either on or off campus. Third year students should obtain 20 hours of clinical experience each week (minimum hours/week = 12; maximum hours/week = 30).

*If an AT student will not be able to achieve the minimum number of hours in a week, or if he/she chooses to volunteer over the maximum hours in a week, he/she must obtain approval from an AT Program administrator. Disciplinary action may ensue for achieving less than the minimum or greater than the maximum requirements without approval.

*All students must have at least one day off of clinical experience per seven day period.

*Students cannot be provided monetary remuneration for any clinical education experience.

GENERAL MEDICAL EXPERIENCES:

As part of the Clinical Integration course requirements, all final year students will complete 16 hours of general medical experience. These experiences will be included as part of their clinical experience and should therefore be considered in the weekly hour total. As per CAATE Standards, general medical experiences allow students opportunity to interaction with non-sport patient populations; and a variety of conditions (e.g., behavioral, musculoskeletal, neurological, endocrine, dermatological, cardiovascular, respiratory, gastrointestinal, etc). They will take place in various family practice facilities, hospital emergency rooms, and community health clinics where the majority of cases seen are general medicine or acute physical ailments.

DOCUMENTING CLINICAL EXPERIENCES:

Each student is responsible for logging his or her individual hours of clinical experience using ATrack. Students must log their hours within 6 days. All special circumstances should be discussed with the clinical education coordinator before the deadline.

DOCUMENTING INTERACTIONS WITH OTHER HEALTH CARE PROFESSIONALS:

Each student is responsible for logging his or her interaction with any other Health Care / Medical Professional other than their preceptor during their clinical experience rotation using the Preceptor Evaluation Form in ATrack.

DOCUMENTING TIME AT GENERAL MEDICAL EXPERIENCES:

Each student is responsible for logging his or her individual hours at their General Medical experience. Using the "UNI Athletic Training Program General Medical Experience Log Sheet" (can be printed via ATrack) the student should indicate the date, time in, time out, hours, total hours, location, and have the Allied Health Care Professional who they observed sign it. The log sheet needs to be turned in to the Coordinator of Clinical Education at the conclusion of the experience. Additionally, the General Medical Experience Evaluation forms must be turned in upon completion of the experience. All special circumstances should be discussed with the clinical education coordinator before the deadline.

SURGICAL OBSERVATIONS:

Each student will be required to observe at least one surgery during their time in the UNI AT Program. This can take place at any time, but if not completed and documented by the senior year, the student will be required to observe a surgery prior to graduation. Using the "UNI Athletic Training Surgical Observation Verification Form" (can be printed via ATrack) the student should indicate the date, time in, time out, hours, total hours, location, and have the Allied Health Care Professional who they observed sign it.

PROFESSIONAL EXPLORATION ROTATION:

Each second year athletic training student will be assigned to one Professional Exploration Rotation in which they may choose what they would like to pursue for a minimum of 3 weeks (averaging 15 hours per week) during that assigned 7-8 week rotation. During this rotation students will have the option to:

1. Partake in the Strength & Conditioning &/or XL Sports Acceleration rotation
2. Seek other educational experiences (that are formally affiliated with the program)
3. Combine options 1 and 2.

Students must submit a proposal document three weeks** prior to the commencement of the rotation for up to three 'other' experiences. The proposal form will outline the details of the rotation. A separate proposal must be submitted for each potential experience. These experiences will be completely student driven. Students will be responsible for making all contacts necessary to organize the experience. The program director and coordinator of clinical education must approve all proposals and verify that an affiliation agreement has been signed. Upon approval of the proposal(s), a contract will be established which will outline every experience the student will be partaking in. Details of the rotation will be outlined through the proposal and contract with the program director, coordinator of clinical education, and athletic training student. Students are to log their hours during the Professional Exploration Rotation. Completion of the orientation form and student, preceptor, and self-evaluations are not required for this rotation. Similar to other rotations, the Professional Exploration Rotation will be worth 200 points toward the student's clinical experience grade. The student will receive full credit for Clinical Integration for that rotation if the contract is upheld. If the contract is not upheld by the student, disciplinary action may ensue, and credit will not be applied towards Clinical Integration. A student will receive an 'Incomplete' for Clinical Integration that semester, if these instructions are not followed.

**Students assigned to Professional Exploration Rotation during the 1st rotation must submit their proposal 1 week prior to the commencement of their chosen rotation(s).

CLINICAL INTEGRATION PROFICIENCIES:

At the beginning of each semester, students will be assigned to complete specific Clinical Integration Proficiencies (CIPs) during their clinical experience rotations. Completion of each CIP must be documented using the Clinical Integration Proficiency Verification Form. The students are responsible for completing, and submitting via ATrack, a CIP form for each required CIP by the end of the semester. All CIP forms must be submitted, even if the student does not receive a passing grade. However, the student must continue to attempt the CIP until a passing grade is received. It is highly recommended that CIPs are assessed in real-time whenever possible. Students may complete CIPs outside of those assigned as long as they have been assessed proficient in all skills associated with that CIP. Completion of all required CIPs will be incorporated into Clinical Integration course requirements.

PRECEPTOR RESPONSIBILITIES:

A preceptor must function to:

1. Provide an active, stimulating environment appropriate for the learning needs of the student(s).
2. Directly supervise the athletic training student(s) at all times.
3. Provide instruction and opportunities for the student(s) to develop clinical integration proficiencies, communication skills, and clinical decision-making during actual patient/client care.
4. Provide assessment of athletic training students' clinical integration proficiencies (CIP's), communication skills, and clinical decision-making during actual patient/client care.
5. Facilitate the clinical integration of skills, knowledge, and evidence of contemporary clinical expertise in the practice of athletic training.

PRECEPTOR REQUIREMENTS:

1. There must be regular communication between the program and the preceptor.
2. A preceptor must demonstrate understanding of and compliance with the program's policies and procedures.
3. A preceptor must provide the UNI AT Program with a current affiliation agreement.
4. A preceptor must be credentialed by the state in a health care profession.
 - a. A preceptor must provide the UNI AT Program with all current certification and licensure documentation.
5. A preceptor must not be currently enrolled in the professional athletic training program at the institution.
6. A preceptor must receive planned and ongoing education from the program designed to promote a constructive learning environment.
 - a. A preceptor must attend a preceptor workshop every three years.
7. Students must be directly supervised by a preceptor during the delivery of athletic training services. The preceptor must be physically present and have the ability to intervene on behalf of the athletic training students and the patient.
8. A preceptor must provide the UNI AT Program with updated venue-specific written Emergency Action Plans (EAPs) that is based on well-established national standards or institutional offices charged with institution-wide safety (e.g. position statement, occupational/environmental safety office, police, fire, and rescue).
9. A preceptor must ensure that each student is oriented to the site's policies and procedures at the beginning of each experience. This must include:
 - a. Emergency action plan
 - b. Blood-borne pathogen exposure plan
 - c. Communicable and infectious disease policies
 - d. Documentation policies and procedures
 - e. Patient privacy and confidentiality protections
10. A preceptor must provide proof (annually) that therapeutic equipment was inspected, calibrated, and maintained according to the manufacturer's recommendation, or by federal, state or local ordinance.
11. A preceptor must evaluate each assigned student at the conclusion of each rotation using the Student Evaluation form in ATrack. Preceptors should schedule a meeting with each assigned student to discuss their evaluation.
12. A preceptor must approve each assigned students logged hours hours in ATrack.
13. A preceptor must grade (pass/fail) all Clinical Integration Proficiencies (CIP's) assigned to them by students in ATrack.

CLINICAL EXPERIENCE INFRACTION NOTIFICATION

An infraction form may be electronically submitted (ATrack) by a Preceptor or classroom instructor due to inappropriate attire/appearance, misconduct, unexcused absence, repeated tardiness, and/or failure to submit evaluations and/or requested documents on time. The form will be placed in the student's file. As a result, there may be a significant reduction in the clinical experience course grade.

CLINICAL EXPERIENCE COMPLIMENT NOTIFICATION

A Preceptor or classroom instructor may electronically submit (ATrack) a compliment form on behalf of any student to recognize outstanding knowledge, skills, and/or behaviors.

CLINICAL SITE VISITS:

All clinical education sites must be evaluated by the program on an annual and planned basis. The Coordinator of Clinical Education will conduct regular site visits (minimum of 1 per year) throughout the year as a means to communicate with the preceptor, ensure compliance of policies and procedures, and observe the athletic training student(s) in the clinical setting.

STUDENT RESPONSIBILITIES:

Each clinical experience site will have different expectations for the athletic training student. It is the responsibility of the student and the preceptor to identify these expectations. Although each site will have different duties, responsibilities, and policies there are general responsibilities that each student should follow, including:

1. Each athletic training student should report as instructed and arrive on time as designated by their preceptor.
2. Students must notify their preceptor at least 48 hours in advance of a planned absence.
3. Each student should discuss and complete all portions of the Clinical Experience Orientation Form with their preceptor on the first day of clinical experience.
4. Each student should dress professionally and appropriately according to the preceptor's expectations. Yoga pants are not professional attire. Shorts must be longer than the student's fingertips when arms are at their side.
5. Cell phones should never be used for personal reasons during clinical experiences unless approved by the student's preceptor.
6. Each student should adhere to the NATA code of ethics and professionalism at all times.
7. Each student should keep all patient/athlete care confidential.
8. Each student should never be under the influence of alcohol or any drug while representing the UNI AT Program.
9. No profane language or vulgarity should ever be used by an athletic training student.
10. Each student is responsible for regularly updating their preceptor on their skill competency and clinical integration proficiency progress.
11. Each student should be inquisitive and willing to learn at all times.
12. Each student should be dependable and responsible.

STUDENT PERSONAL TRAVEL:

All athletic training students are strongly encouraged to maintain their own auto insurance policy as each student will be individually responsible for his/her transportation to and from the clinical experience site. The University of Northern Iowa and the Athletic Training Program are not liable for any misfortune that may occur to the student or the student's vehicle while traveling to and from the clinical experience site. Furthermore, all athletic training students shall not transport a patient or student-athlete (high school or collegiate) to or from a medical appointment, athletic practice, athletic event or other related affair in their personal vehicle. In addition, athletic training students shall not use their personal vehicles for hauling coolers, medical kits, etc or for running errands for their preceptors. In the

event the athletic training student does not comply with this policy they will be subject to disciplinary action as outlined in the AT student handbook.

PROFESSIONAL LIABILITY INSURANCE:

Students must purchase and maintain professional liability insurance. Proof of such must be submitted to the AT Program Director on an annual basis.

DIRECT SUPERVISION:

The policy of the University of Northern Iowa Athletic Training Program with regards to direct supervision of athletic training students is:

“Direct supervision of athletic training students involved in the clinical experience portion of the Athletic Training Program means that the preceptor will be physically present and have the ability to intervene on behalf of the athletic training student and the patient.”

(CAATE Standards Clinical Education Terminology)

It is expected that all athletic training students will be directly supervised by their preceptor at all times. Students are expected to report involvement in or knowledge of situations in which direct supervision is not properly provided. Failure to report these situations could result in disciplinary action.

CONFIDENTIALITY/HIPAA:

During clinical experience athletic training students will learn things about patients and athletes that must remain confidential. Each athletic training student is required to complete HIPAA training and submit the completion certificate(s).

TRAVELING:

During the clinical experience many athletic training students will have the opportunity to travel. Students may accompany their preceptor; however, students must be directly supervised by a preceptor while they are traveling. Unsupervised student travel is strictly prohibited. The athletic training student may not travel with the team in the event that the preceptor is not traveling.

EVALUATIONS:

Student Evaluations:

Athletic training students are evaluated by his/her preceptor at the end of each clinical experience rotation. Preceptors evaluate students' personal attributes, professional attributes, and athletic training competencies. Preceptors will give the student an overall grade for the rotation, which will be a component of their Clinical Integration grade. The athletic training student should carefully read the student clinical experience evaluation form to understand how they will be evaluated. All evaluations are submitted through ATrack. Once the preceptor has completed the evaluation he/she should schedule a time with the student to discuss their evaluation. Students who receive a grade of “C” or lower from their preceptor must meet with the Coordinator of Clinical Education.

Student Self Evaluations:

Each student will complete a self-evaluation at the end of each clinical experience rotation. The evaluation is submitted through ATrack. The self-evaluation should be compared to the evaluation completed by their preceptor and any concerns should be discussed.

Preceptor Evaluation:

Preceptors will be evaluated by their assigned students at the end of each clinical experience rotation. The evaluation is submitted through ATrack.

UNI AT Program Evaluation of the Preceptor:

The program administrators will complete an evaluation of each clinical site at the end of the year. This form is used to evaluate the preceptor's compliance with the standards and guidelines for the UNI AT Program. The evaluation is based on information from 1) the program administrators' communications with the clinical experience site preceptors, 2) the clinical education coordinator's site visit(s), 3) students' evaluations and comments.

CLINICAL EXPERIENCE HOLIDAYS:

During each academic year there are several Holidays/breaks in which classes are not held at UNI. Athletic training students are excused from clinical experience on these designated Holidays/breaks. It is the athletic training student's responsibility to notify the preceptor that there is a holiday/break one week in advance. The calendar holiday's and breaks are as follows:

Labor Day
Thanksgiving Break
Fall Finals Week Break
Winter Break
Martin Luther King's Birthday
Spring Break
Spring Finals Week Break

ATHLETIC TRAINING STUDENT CLASS ABSENCE DUE TO TEAM TRAVEL POLICY:

Athletic Training Students bear the responsibility of informing their professors of upcoming class absences due to team travel. Students should refer to their course syllabus carefully on assignment completion for any given class. Students are responsible for understanding and meeting the instructor's expectations. Students also are responsible for communicating with faculty prior to missing scheduled assignments and for making arrangements with faculty to complete all missed assignments. The Athletic Training Coordinator of Clinical Education will provide a form that will list each class missed due to team travel that can be shared with faculty (See Appendix).

University of Northern Iowa Non-Discrimination Statement

No person shall be excluded from participation in, be denied the benefits of, or be subjected to discrimination in employment, any educational program, or any activity of the University, on the basis of age, color, creed, disability, gender identity, national origin, race, religion, sex, sexual orientation, veteran status, or on any other basis protected by federal and/or state law.

The University of Northern Iowa prohibits discrimination and promotes affirmative action in its educational and employment policies and practices as required by Title IX of the Educational Amendments of 1972, the Americans with Disabilities Act of 1990, Section 504 of the Rehabilitation Act of 1973, Title VII of the Civil Rights Act of 1964 and other applicable laws and University policies. The University of Northern Iowa prohibits sexual harassment, including sexual violence.

The following person has been designated to handle inquiries regarding the non-discrimination policies and serves as the University Title IX Officer: Leah Gutknecht, Assistant to the President for Compliance and Equity Management, Office of Compliance and Equity Management, 117 Gilchrist Hall, UNI, Cedar Falls, IA 50614-0028, 319-273-2846, leah.gutknecht@uni.edu

University of Northern Iowa Athletic Training Program Non-Discrimination Policy Statement

The University of Northern Iowa Athletic Training Program is committed to a policy of equal opportunity and non-discrimination in all aspects of the program without regard to race, national origin, color, religion, sex, age, disability, sexual orientation, or any other basis protected by law.

CLINICAL EXPERIENCE SITES & PRECEPTORS:

Athletico Physical Therapy	<p>Cedar Falls Clinic Preceptors: Matt Buttjer PT, ATC, Stephanie Bradley-Diehl, PT, ATC, & Bo Lodge PT 1710 W. 1st Street, Suite D Cedar Falls, IA 50613 319-273-8988</p> <p>Waterloo North Clinic Preceptors: Leslie Frost PT, ATC & Jessica Lippens, PT, ATC 1111 Asborough Ave. Waterloo, IA 50701 319-433-0130</p> <p>Waterloo South Clinic Preceptor: Krista Lodge, PT 1655 E San Marnan Dr Waterloo, IA 50702 319-433-4750</p>
Agape Physical Therapy	<p>Preceptor: Bethany Jacobsen PT, ATC <u>Cedar Falls:</u> 211 West 6th Street Cedar Falls, IA 50613 <u>Dike (The Den):</u> 668 Main St. Dike, IA 50624 (319) 404-7844</p>
Aplington-Parkersburg High School	<p>Preceptor: Aaron Krejci, MS, ATC 610 N Johnson St Parkersburg, IA 50665</p>
Cedar Falls High School	<p>Preceptor: Pete Watters, ATC 1015 S Division St Cedar Falls, IA 50613 319-553-2535</p>
CVMS Occupational Rehabilitation	<p>Preceptors: Dave Fricke, MS, ATC, Pete Watters, ATC 7024 Nordic Dr. Cedar Falls, IA 50613</p>
Columbus High School	<p>Preceptor: Melissa Fernau, ATC 3231 W 9th St Waterloo, IA 50702 319-233-3358 Ext. 742</p>
Don Bosco High School	<p>Preceptor: Scott Lockard, ATC 405 16th Ave Gilbertville, IA 50634</p>
Dike-New Hartford High School	<p>Preceptor: Kayla Hutton, ATC 330 Main St. Dike, IA 50624</p>
Hawkeye Community College	<p>Preceptor: Almin Murgic, ATC 1501 East Orange Road Waterloo, IA 50704</p>
Hudson High School	<p>Preceptor: Joe Bahnsen, ATC 245 South Washington St. Hudson, IA 50643</p>

Northeast Iowa Physical Therapy	Preceptors: Katie Niebuhr, PT, Scott Lockard, ATC, Mandi Denner, ATC, PTA 2351 Hudson Rd., Ste. 164 Cedar Falls, IA 50613 319-273-5265
Summit Chiropractic & PT	Preceptors: Dan McGrane, PT, Andrew Jolley, DC, & Eric Rottinghaus, DC 40 Brookeridge Dr. Waterloo, IA 50701 (319) 232-2100
University of Northern Iowa	Don Bishop, MA, ATC UNI Basketball (Men's); Director of Athletic Training Services Andrew Jedlicka, MS, ATC UNI Basketball (Women's) Travis Stueve, MS, ATC & Graduate Assistants: Ben Mitchell, ATC, Melissa Kleinschmit, ATC, & Abby Steger, ATC) UNI Football Graduate Assistant: Danielle Schuck, ATC UNI Soccer (Women's) Graduate Assistant: Bailey Hanson, ATC UNI Softball Graduate Assistant: Tiffani Wood, ATC UNI Swimming & Diving Melissa Stueve, MS, ATC & Graduate Assistant: Carli Mueller, ATC UNI Track & Cross Country Chelsea Lowe, MSe, ATC UNI Volleyball Troy Garrett, MS, ATC UNI Wrestling
Waterloo Black Hawks	Preceptor: Todd Klein, ATC 125 Commercial St. Waterloo, IA 50701 319-272-2903
Waterloo East High School	Abbey Johnston, ATC 214 High Street Waterloo, IA 50703
Waterloo West High School	Leslie Peyton, ATC 425 East Ridgeway Ave Waterloo, IA 50702 319-833-5903
Waverly-Shell Rock High School	Destry Sperfslage, MS, ATC 1415 4 th Ave SW Waverly, IA 50677
XL Sports Acceleration	Armand McCormick, Travis Hansen 3109 Venture Way Cedar Falls, IA 50613

GENERAL MEDICAL SITES:

Site	Contact person
Cedar Falls Primary Care (Dr. Kelly Schmidt)	Taylor (Dr. Schmidt's nurse) 1824 West 8th Street Cedar Falls, IA 50613 (319) 277-0990
Northeast Iowa Medical Education Foundation/FM Residency	Wendy Hudson 2055 Kimball Avenue Waterloo, IA 50702 (319) 272-2855
Allen Emergency Room	Megan Holthaus 1825 Logan Avenue Waterloo, IA 50703 (319) 235-3693
Parkersburg Family Medicine (Dr. Durbin)	Kayla Stirling 502 3 rd St. Parkersburg, IA 50665 (319)-824-6945
Peoples Community Health Clinic	Anne Cook 905 Franklin Street Waterloo, IA 50703 (319) 272-4464
Noah Health Clinic Waverly Health Clinic (Megan McMillin, PA-C, MHA)	Shelly Brown Noah Health Clinic 100 Wartburg Blvd. Waverly, IA 50677 (319) 352-8436
UNI Student Health Clinic	Tina Jorgensen 016 Student Health Center Cedar Falls, IA 50614 (319) 273-7335